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CONFIRMATION NO. 4340

<b>SERIAL NUMBER</b> 10/807,823	<b>FILING OR 371(c) DATE</b> 03/24/2004 <b>RULE</b>	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2609	<b>ATTORNEY DOCKET NO.</b> 1014-075US01/JNP-0324	
<b>APPLICANTS</b> Anthony D. Amiocangioli, Greenwich, CT; <i>Yes AR</i> Robert M. France, Carlisle, MA;					
<b>** CONTINUING DATA *****</b> <i>No AR</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>No AR</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/04/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <u>Allowance</u> Acknowledged <u>AR</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 43	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 28863					
<b>TITLE</b> Selective replay of a state information within a computing device					
<b>FILING FEE RECEIVED</b> 1356	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		